

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061349

1. Entity Name

CALIO & SHEARN, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90148 029 ***150.00

Principal Place of Business

Mailing Address

D/B/A BAGEL KING
ORLANDO FL 32803
US

2923 E COLONIAL
ORLANDO FL 32803-5003
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3426852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALIO, DENISE J
107 SEVILLE CHASE DRIVE
WINTER SPRINGS FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CALIO, DENISE	
STREET ADDRESS	107 SEVILLE CHASE DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALIO, CHRISTOPHER	
STREET ADDRESS	107 SEVILLE CHASE DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEARN, GREGORY	
STREET ADDRESS	1130 PONTE NEWPORT TERR., #110	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEARN, JEFFREY	
STREET ADDRESS	3679 DERBYSHIRE RD., #105	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEADLER JUDY A	
STREET ADDRESS	5500 S.E. 42ND CT.	same
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Headlee, Judy A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy A Headlee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

(352) 932-9223
Daytime Phone #

CR2E034 (9/99)